

| POSITION | INITIALS | ID NO. | DATE |
|-------------------|----------|--------|------|
| YES DETERMINATION | | | |
| CLIP & CLASSIFIER | | | |
| PERMANENT REVIEW | | | |

INDEX OF CLAIMS

| | | |
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| Not Allowed | M | Not Allowed |
| Allowed | F | Indifference |
| (Through) normal | A | Appeal |
| Authorized | C | Oblique |

| Case | Case | Case |
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11 more than 150 claims or 10 actions
or state additional sheet here

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